Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This part of the datory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

N/A - INTAL FILING 3. Name and address of person filling. Name BERNARD T CORRIGAN Name Name Labor C P.O. Box, Bidg., Room No., If any Street 33 DOD FOAD City WEST CALD WELL State D 3 ZIP Code +4 D7006 State 5. Position in labor organization. RECORD ING SECRETARY Enter appropriate data below if, during the past flacel year, you or your spouse or min (axcept as specified in the exclusions set if	orth in the instructions):
3. Name and address of person filing. Name RERNARI) T CORRIGAN Name Labor of P.O. Box, Bidg., Room No., If any P.O. Box, Bidg., Room No., If any Street City WEST CALD WELL City State Street Street Street Street State To propriete data below if, during the past fiscal year, you or your spouse or min (except as specified in the exclusions set if A. Heid an interest in, engaged in transactions (including losses) with, or derived in monatary value from an engaged in transactions (including losses) with, or derived in monatary value from an engaged in transactions (including losses) with, or derived in monatary value from an engaged in transactions (including losses) with, or derived in monatary value from an engaged in transactions (including losses) with, or derived in monatary value from an engaged in transactions (including losses) with, or derived in monatary value from an engaged in transactions (including losses) with, or derived in monatary value from an engaged in transactions (including losses) with, or derived in monatary value from an engaged in transactions (including losses) with, or derived in monatary value from an engaged in transactions (including losses) with a set of the past fiscal year, you or your spouse or min A. Heid an interest in, engaged in transactions (including losses) with a set of the past fiscal year, you or your spouse or min A. Heid an interest in, engaged in transactions (including losses) with a set of the past fiscal year, you or your spouse or min A. Heid an interest in, engaged in transactions (including losses) with a set of the past fiscal year, you or your spouse or min A. Heid an interest in, engaged in transactions (including losses) A. Heid an interest in, engaged in transactions (including losses) with a set of the past fiscal year, you or your spouse or min A. Heid an interest in, engaged in transactions (including losses) with a set of the past fiscal year, you or your spouse or min A. Heid an interest in, engaged in transactions (including l	file number, and address of labor organization. COAL (INION) # D2
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S. Position in labor organization. RECORDING SECRETARY Enter appropriate data below if, during the past flecal year, you or your spouse or min (except as specified in the exclusions set flecal an interest in, engaged in transactions (including loans) with, or derived in monetary value from an employer whose employees your organization represent the set of th	or child directly or indirectly had any of the following interests with in the instructions): Some or other economic benefit of ents or is actively seeking to represent.
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Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	re of Interest, Transaction, or Income.
P.O. Box, Bidg., Room No., if any	
P.O. Box, Bidg., Room No., If any	
	NA
1/1/A 1/1.A	
Street	iount.
Cay	1/14
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury a submitted in this report (including the information contained in any accompanying docu- undersigned's knowledge and belief, true, correct, and complete. (See the section on p	Militia has been everyined by the elemetric and in to the heat of the
Signed On	
Form LM-30 (2003)	7/5/05 973-226-6032 Date Telephone Number

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary venterative part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is as (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	erwise dealing with the business xitvely sesiding to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, If any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust c. Employer
Street	
State ZiP Code + 4	
10, If 9,b, or 9.c. is checked give trant or employer's name.	11.e. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	N/A
Street	11.b. Approximate dollar value of such dealing.
City ///	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	N/A:
	12.b. Amount.
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mone	der parts A and B above) by or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.s. Nature of payment.
Name	
Trade Name, if any:	SEE SCHEDULE
P.O. Box, Bidg., Room No., If any SCHEBULE	SEE SCHEBULE ATTACHED
Street ATTACHED	
State ZIP Code + 4	
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment. SEE SCHERNIE ATTACKS

FORM LM-30 ATTACHMENT

Part C

13a	13b	14a	14b
Name + Address	E = Employer C=Consultant	Nature of Payment	Amount of Payment
A //			